

# **RECORD OF INDIVIDUAL INACTIVE DUTY TRAINING**

*(Use to report days within the same month)*

## **PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C., Section 12732.

**PRINCIPAL PURPOSES:** To record Reserve Member's inactive duty training for payment, and/or points for years of service credit, and determining fulfillment of requirements for retention in Ready Reserve.

**ROUTINE USES:** Information may be disclosed to individuals' employers to verify military duty.

**DISCLOSURE IS VOLUNTARY:** Failure to provide the information, including the SSN, could result in the improper recording of training and retirement credits, thus adversely affecting retirement actions.

## **I. PERSONAL/PAY DATA** *(Type or print clearly in ink)*

RANK	NAME (Last, First, MI)	HOME MAILING ADDRESS	<input type="checkbox"/> CHECK IF NEW
SSN	RPO (IMAs) UNIT (Unit Reservists)		
PAY STATUS <i>(MUST use separate form for pay and non-pay. Non-pay IDTs - submission to ARPC/DPK applies to IMAs Only.)</i>		<input type="checkbox"/> PAY	<input type="checkbox"/> NON-PAY
INCENTIVE/SPECIALTY PAY	<input type="checkbox"/> Aviation Career Incentive Pay (ACIP)	<input type="checkbox"/> Hazardous Duty Incentive Pay (HDIP) <i>(Provide authorizing documents)</i>	<input type="checkbox"/> Other <i>(Specify)</i>
TYPE OF TRAINING	<input type="checkbox"/> Training Period	<input type="checkbox"/> Equivalent Training	<input type="checkbox"/> Telecommuting
	<input type="checkbox"/> Constructively Present	<input type="checkbox"/> Points Only	<input type="checkbox"/> Reschedule
<input type="checkbox"/> Other <i>(Specify)</i>	<input type="checkbox"/> Excused	<input type="checkbox"/> Unexcused	<input type="checkbox"/> Readiness Management

## **II. TRAINING DATA** *(List each day of training separately)*

RETENTION/RETIREMENT (R/R) DATE

DATE (YYYYMMDD)	DUTY HOURS WORKED <i>(Inclusive)</i>	HOURS WORKED	NUMBER OF OF POINTS	TRAINING LOCATION/REMARKS
0	TOTAL NUMBER OF HOURS WORKED		0	TOTAL NUMBER OF POINTS

## **III. AUTHORIZATION FOR TRAINING, TELECOMMUTING, TRANSIENT QUARTERS AND SUBSISTENCE** *(Complete and return to reservist prior to the reservist reporting for scheduled training.)*

See AFI 34-246, Air Force Lodging Program, and AFI 34-401, Food Service Management. The Authorizing Official is the commander of the assigned/attached unit or a representative designated IN WRITING.

subsistence-in-kind if training is 8 hours or more in any 1 day. If the duty is less than 8 hours or is non-pay status, or if the reservist is an officer, the reservist MUST pay the full food charge. The Authorizing Official is the commander of the assigned unit or a representative designated IN WRITING.

AUTHORIZING OFFICIAL'S SIGNATURE AND TITLE	DATE	LODGING AUTHORIZED		DATE <i>(Must be same or prior to first date of training)</i>	SUBSISTENCE AUTHORIZED	
		YES	NO		YES	NO

## **IV. CERTIFICATION** *(Certifying official is the military member or civilian who supervised the training and has knowledge it was performed.)*

The penalty for willfully making false claims is: A maximum fine of \$10,000 or maximum imprisonment of 5 years *(18 U.S.C., Section 2871)*. By signing and dating this form, the Reservist and Certifying Official *(training supervisor who has knowledge training was performed)* verify satisfactory completion of all training period (s) listed in Section II. The dates must be on or after the last date of training.

RESERVIST'S NAME & PHONE NO. <i>(Type or Print legibly in ink)</i>	RESERVIST'S SIGNATURE <i>(In Ink)</i>	DATE
CERTIFYING OFFICIAL'S NAME/GRADE/PHONE <i>(Type or Print legibly in ink)</i>	OFFICIAL'S SIGNATURE <i>(In Ink)</i>	DATE

## **V. DISTRIBUTION**

The Certifying Official will send copy 1 to member's Reserve Pay Office (RPO) for Paid IDTs, HQ ARPC/DPK *(IMAs and IRRs only)* 6760 E Irvington Pl, Denver CO 80280, for Non-Paid IDTs not later than 2 days for unit members and 30 days for IMAs and IRRs after the member completes the training. One copy each to supervisor, member, and lodging. For Unit Assigned Reservist UTAPS electronic generated AF Form 40A will be used to the maximum extent possible. When manual AF Form 40A is used, duty information must be entered into UTAPS before actual performance of the duty.

**INSTRUCTIONS FOR COMPLETING AF FORM 40A.** Form must be typed or printed clearly in ink.

Use AF Form 40A to certify all types of IDTs except Professional Military Education (PME) correspondence courses or AFTPs/AGTPs.

For Individual Mobilization Augmentees (IMAs) and Individual Ready Reserve (IRR) Manual AF Form 40A will be used.

**I. Personal Data Section:**

Name - Enter the employee's Last Name, First Name, and Middle Initial.

Military Rank - Enter the employee's military rank ie. Gen; LtGen; MGen; BGen; Col; LtC; Maj; Cpt; 1LT; 2LT; CMSgt; SMSgt; MSgt; TSgt; SSgt; SRA; AMN; AB.

SSN - Enter the employee's social security number.

RPO/Unit - IMAs enter RPO location, Unit Reservists enter unit of assignment.

Home Mailing Address - IMAs use home address. Unit Reservist use unit of assignment address.

Pay Status = Must use separate AF Form 40A's for pay and non-pay Inactive Duty Training. Check either Pay or Non-Pay. IMAs and IRRs using for non-pay must submit form to HQ ARPC/DPK. Unit Reservist will submit form to Military Pay Flight (MPF).

SPECIAL INSTRUCTIONS FOR IMAs and IRRs. Four copies of AF Form 40 A will be required. Send copy 1 for paid IDTs to RPO or for non-paid IDTs to HQ ARPC DPK, 6760 E Irvington Pl, Denver CO 80280. The member will retain copy 2. Copy 3 is to be sent to the supervisor. The billeting office will require copy 4, if transient quarters are used. Submit SF 1164 to claim lodging expense. Include Base and Lodging Facility name. Approving Official must sign Block 8 on SF 1164. Attach 40A and lodging receipt. Follow MOU instructions when applicable.

Incentive/Special Pay: If applicable, select either ACIP/HDIP or select other and specify incentive/special pay.

Type of Training: Select one: Training Period (TP); Equivalent Training (EQT); Telecommuting; Constructively Present (CPT); Points Only; Reschedule (RES);

Excused (EXC); Unexcused (UEX); Readiness Management Period (RMP).

**II. Training Data:** List each day of training separately.

Retention/Retirement (R/R) Date: Enter the employee's date of Retention/Retirement.

Date YYYYMMDD - Enter the employee's date of Retention/Retirement.

Date YYYYMMDD - Enter 4 digit year, 2-digit month, 2-digit day, i.e., 20001103.

Duty Hours Worked (Inclusive) - Use military time and enter start and stop time.

Hours Worked - Enter total number of hours worked.

Number of Points - Enter total number of points.

Training Location/Remarks: List training location and any other required remarks.

Totals: Calculate and enter the total number of hours worked and number of points shown for training days. UTAPS will automatically calculate.

**III. Authorization for Training, Telecommuting, Transient Quarters and Subsistence:** Shall not exceed the number of training days. Complete and return to reservist prior to the reservist reporting for scheduled training. The Authorizing Official is the commander of the assigned unit, the IMA program manager, supervisor, or a representative designated in writing.

Reservists on Inactive Duty Training (IDT) are authorized to occupy VOQ/VAQ, including contract quarters, in conjunction with the date(s) shown above. On an IDT day, only enlisted reservists in pay status are authorized subsistence-in-kind if training is 8 hrs or more in any 1 day. If the duty is less than 8 hrs or a non-pay status, or if the reservist is an officer, the reservist MUST pay the full food charge.

Lodging Authorized: Check either YES or NO.

Subsistence Authorized: Check either YES or NO.

AUTHORIZING OFFICIAL'S SIGNATURE AND TITLE: Authorizing officials signature and title.

Date: Date authorizing official signs this form.

**IV. CERTIFICATION** Certifying Official is an individual designated to attest to the correctness of statements, facts, accounts, and amounts appearing on a voucher, or other documents. The penalty for willfully making false claims is: A maximum of \$10,000 or imprisonment of 5 years (18 U.S.C., Section 2871). By signing and dating this form, the Reservist and Certifying Official verifies satisfactory completion of all training period(s) listed in Section II. The dates must be on or after the last date of training.

RESERVIST'S NAME AND PHONE NUMBER: Enter employee's name and phone number.

RESERVIST'S SIGNATURE: Employees signature.

DATE: Dates must be on or after the last date of training.

CERTIFYING OFFICIAL'S NAME/RANK/PHONE: Certifying Official's signature, rank and phone number.

CERTIFYING OFFICIAL'S SIGNATURE: Certifying official's signature.

DATE: Dates must be on or after the last date of training.